

**F96000000169**  
**TRANSMITTAL LETTER**

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

**SUBJECT:** Allstate Power-Vac, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business In Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

C.E. Rose  
(Name of Person)  
Allstate Power-Vac, Inc.  
(Firm/Company)  
2515 Brunswick Avenue  
(Address)  
Linden, New Jersey 07036  
(City, State and Zip Code)

**100001682161**  
-01/09/96--01025--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

C.E. Rose at ( 908 ) 862 - 3800  
(Name of Person) Area Code & Daytime Telephone Number

**COURIER ADDRESS:**  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**96 JAN -8 AM 10:11**

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION  
TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:*

1. Allstate Power Vac, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York  
(State or country under the law of which it is incorporated)

3. 11-2710601  
(FBI number, if applicable)

4. September 25, 1995  
(Date of Incorporation)

5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. Have not yet done so

2515 Brunswick Avenue, Linden, New Jersey 07036  
(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized pursuant to the Business Corporation Law of the State of New York  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Lenore Galasso

Office Address: 424 Eagleton Cove Way

Palm Beach Gardens, Florida, 33418  
(Zip Code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Lenore Galasso  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Louis Galasso III

Address: 19 Kingslet Drive South, Cranbury, New Jersey

Vice Chairman: None

Address: \_\_\_\_\_

Director: Lenore Galasso

Address: 572 Sayre Road, Princeton, New Jersey

Director: Paul Galasso

Address: 35 St. Moritz Lane, Cherry Hill, New Jersey

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Lenore Galasso

Address: 572 Sayre Road, Princeton, New Jersey

Vice President: Louis Galasso III

Address: 19 Kingslet Drive South, Cranbury, New Jersey

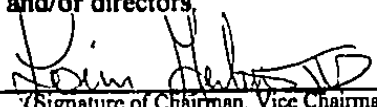
Secretary: Paul Galasso

Address: 35 St. Moritz Lane, Cherry Hill, New Jersey

Treasurer: Paul Galasso

Address: 35 St. Moritz Lane, Cherry Hill, New Jersey

NOTE: (If necessary, you may attach an addendum to the application listing additional officers and/or directors.)

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Louis Galasso III, Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
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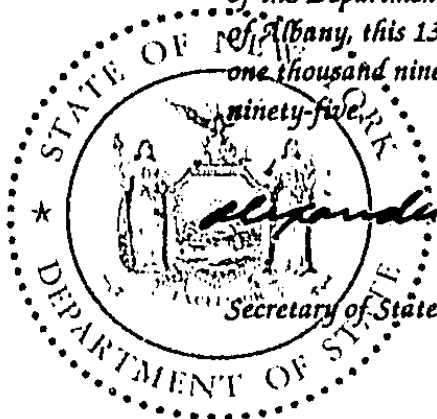
**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of ALLSTATE POWER VAC, INC. was filed on 09/25/1984, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

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Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 13th day of December  
one thousand nine hundred and  
ninety-five.



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